

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: PROCESS AND DEVICE FOR AUDIO-  
VISUAL PROGRAM EDITING  
Attorney Docket Number:: 0657-1003  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 2A  
Total Drawing Sheets:: 4  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ALAIN  
Middle Name:: JEAN-JACQUES  
Family Name:: MOLINIE  
Name Suffix::  
City of Residence:: CASTEINAU-LE-LEZ  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 210, CHEMIN DE LA ROCHEUSE  
Address::  
City of Mailing Address:: CASTEINAU-LE-LEZ  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-34170

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name:: HENRI  
Family Name:: LAVIGNE  
Name Suffix::  
City of Residence:: SAINT-AUNES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 171, RUE DES NORALES  
Address::  
City of Mailing Address:: SAINT-AUNES

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 34130

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: VINCENT  
Middle Name:: POL  
Family Name:: LECLAIRE  
Name Suffix::  
City of Residence:: MONTPELLIER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 69, RUE DES FAIENCIERS  
City of Mailing Address:: MONTPELLIER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-34070

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2006/000179	2/1/06

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	05 01061	2/1/05	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::